

# *Electronic Data Interchange Enhanced to Support Safety First Event Reporting*

(SaFER)

Partnering to protect our employees and meet our challenges

# What if...

...simultaneous notification of injuries could be made to Injury Compensation, Safety and Occupational Health?

...injury data could be shared - without threat of Privacy Act issues - between Injury Compensation, Safety and Occupational Health?

...OSHA required forms could be stored electronically at each installation, and *initial* OSHA recordability captured virtually?

...DoD Safety Centers could retrieve a nightly extract of injury data to support aggregate trends and Component analysis?

# We can...

Introducing the Electronic Data Interchange enhancement to support Safety First Event Reporting.

- ...utilize existing employee/supervisor EDI process to generate both OWCP initiating claim forms and OSHA recordkeeping forms.
- ...establish an *initial* OSHA recordability status supporting both OSHA1960 and OSHA1904 rules.
- ...leverage electronic email notification processes to immediately inform Injury Compensation, Safety, and Occupational Health of an injury or illness.
- ...generate nightly data extracts to provide authorized accident related data to appropriate DoD Safety Centers.

# SaFER...

Is a first event notification system for Safety & Occupational Health.

Allows ICPAs continued control of case management within the injury compensation program.

Assists safety in continued efforts to record, analyze, and abate hazardous conditions.

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Is NOT intended as a safety reporting system

Is NOT intended as a replacement for existing safety center applications

Is NOT intended to provide final OSHA recordability.

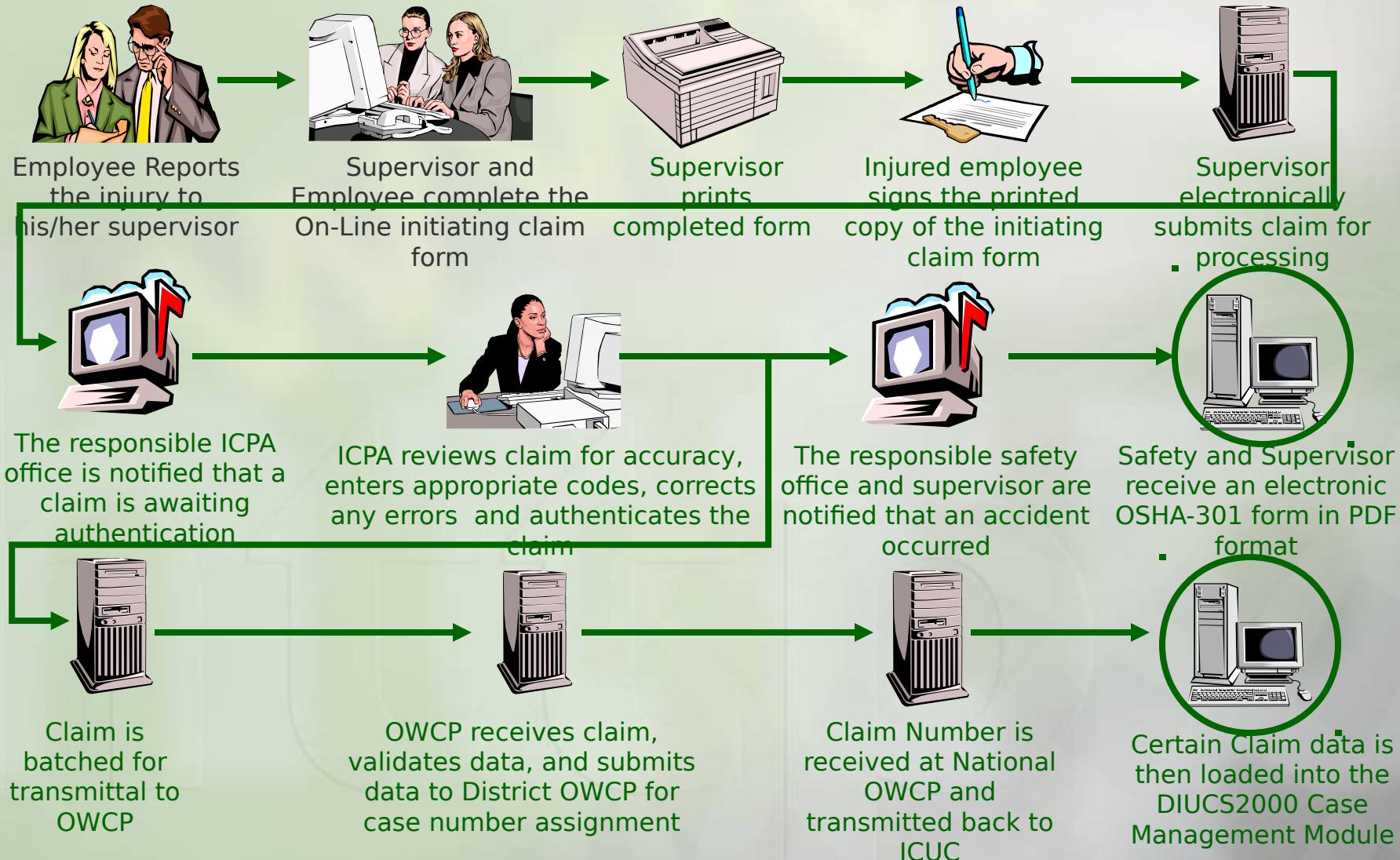
# Why?

**“OSHA recommends that each agency analyze whether it would be just as easy and cost effective to comply with these [OSHA1904] requirements by implementing a system where OSHA 301 forms are completed contemporaneously with CA forms.”**

Thomas K Marple, OSHA

**“...the use of electronic filing systems for Federal workers’ compensation claims would facilitate the elimination of those data fields not needed by OSHA.” OWCP - DOL**

# How does this work?



# Is Privacy Act data protected?

Dual Purpose Records (DoD Disclosure)	OWCP Owned Record (DOL/GOVT-1)	DoD Personnel/Payroll Records
<b>Allowable to Safety</b> Employee Name * Date of Injury Date of Death Location of Injury Injury Zip Code Cause of Injury Nature of Injury Extent of Injury Anatomical Location Side of Body OSHA Type Code OSHA Source Code OSHA Site Code Fatal Indicator <hr/> Claim Form * Except in Privacy Received Cases OSHA Log	<b>Not Allowable to Safety</b> Social Security Number Date of Birth Home Telephone Grade/Level/Step Home Address Dependent Status Retirement Coverage Third Party Indicator Third Party Name Third Party Address Physician Name Physician Address <hr/> First Medical Care Date Disability Status DOI Pay Rate	<b>(DoD Disclosure)</b> DCPDS Personnel Extract (Entire File Layout)  DFAS Payroll Extract (Entire File Layout)  <b><u>Those with a need to know must obtain approval from source database owners.</u></b>

# *Safety First Event Reporting*

(SAFER)

**Demonstration**

EDI\_CAI

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

9. Place where injury occurred (e.g. 2nd floor, Mainpost Office Bldg., 12th & Pine)  
IN FRONT WALKWAY AT 1400 KEY BLVD, ARLINGTON VA

ZIP Code: 22209

10. Date & time injury occurred  
MM-DD-YYYY HH:MM [AM|PM]  
09-07-2004 12:00 AM

11. Date of this notice  
MM-DD-YYYY  
09-07-2004

12. Employee's Occupation Description  
PERSONNEL ACTIONS CLERK (DATA TRANSCRIBING)

13. Cause of injury (Describe what happened and why)  
WHILE WALKING INTO THE BUILDING FROM BREAK, I SLIPPED ON THE WET FLOOR. THE CUSTODIAN JUST WASHED THE MARBLE FLOOR AND IT WAS VERY SLIPPERY.

14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)  
SPRAINED LEFT ANKLE

a. Occupation code  
0203

Cause of injury code  
[ ]

b. OSHA Type  
[ ]

c. OSHA Source  
[ ]

Nature of Injury  
[ ]

Anatomical location code  
Part of Body  
Side of Body

**View Claim** **Submit Claim** **Cancel** **Exit**

Window

EDI\_CAI

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

30. Was injury caused by third party?  Yes  No

31. Name and address of third party (include city, state, and ZIP code)

3rd party name: WASH-AND-GO JANITORIAL SERVICES  
name continued:  
Street Address: 1111 WILSON BLVD  
City: ARLINGTON  
State: VA ZIP Code: 2220  
9

32. Name and address of physician first providing medical care (Include city, state, and ZIP code)

Last Name	First Name	Middle Name	Title
FRANKELFRITZ	FERDINAND	L	MD

Street Address: 13059 ADIRONDACK HTS  
City: ARLINGTON  
State: VA ZIP Code: 2220  
9

33. First date medical care received MM-DD-YYYY  
09-07-2004

33a. Provided by Agency medical facility?  
 Yes  No

34. Do medical records show employee is disabled for work?  
 Yes  No  Unknown

**View Claim** **Submit Claim** **Cancel** **Exit**

Record: 1/1

EDI\_CAI

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

**Work Environment Exceptions**

Employee was member of general public rather than an employee at the time of injury.  
 Injury resulted from non-work related event or exposure occurring outside of the work environment.  
 Injury resulted from voluntary participation in a wellness program or in a medical, fitness, or recreational activity.  
 Injury resulted from employee eating, drinking, or preparing food or drink for personal consumption.  
 Injury resulted from personal grooming, self medication, or is intentionally self-inflicted.  
 Injury resulted from a motor vehicle accident occurring on company premises while commuting to or from work.  
 Injury is the common cold or flu.

**Privacy Case Status:** A Not A Privacy Case

**General Recording Criteria**

Employee is deceased as a result of the incident.  
 Employee suffered days away from work as a result of the incident.  
 Employee's work activity was restricted as a result of the incident.  
 Employee was treated in an emergency room as a result of the incident.  
 Employee was hospitalized overnight as an in-patient.  
 Employee lost consciousness as a result of the incident.  
 Employee was transferred to another job as a result of the incident.

**Preliminary OSHA Recordability**

29 CFR 1960: RECORDABLE  
OSHA 200 Log Coding:

29 CFR 1904: NON-RECORDABLE  
OSHA 300 Log Coding: N/A

**Injury Classification:** A Injury

As Of: 09-07-2004 01:08:48 PM

**Action Buttons:** View Claim Submit Claim Cancel Exit

Window

EDI\_CAI

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

Choose a Valid Privacy Case Code

Find %

Privacy Case Description	Code
D	HIV Infection
E	Hepatitis
C	Mental Illness
G	Needlestick
A	Not A Privacy Case
H	Personal Request
B	Sexual Assault
F	Tuberculosis

Find OK Cancel

recordability

RECORDABLE

OSHA 200 Log Coding:

Employee's work activity was restricted as a result of the incident.

Employee was treated in an emergency room as a result of the incident.

Employee was hospitalized overnight as an in-patient.

Employee lost consciousness as a result of the incident.

Employee was transferred to another job as a result of the incident.

29 CFR 1904: NON-RECORDABLE

OSHA 300 Log Coding: N/A

Injury Classification: A Injury

As Of: 09-07-2004 01:08:48 PM

**View Claim** **Submit Claim** **Cancel** **Exit**

Record: 1/1

Window

**Work Environment Exceptions** Employee was member of general public rather than an employee at the time of injury.**Choose a Valid Injury Classification**

Find %

Injury Class Record	Injury Class Description	OSHA 200 Injur...	OSHA 300 Injur...
I	All Other Illnesses	G	5
G	Disease Due to Physical Agents	E	5
D	Dust or Disease of Lungs	B	3
H	Hearing Loss	G	5
A	Injury	G	1
B	Musculoskeletal Disorder	F	5
O	OLD DATA	O	0
F	Poisoning	D	4
E	Respiratory	C	3
C	Skin Disorder	A	2

Find

OK

Cancel

 Employee was transferred to another job as a result of the incident.

OSHA 300 Log Coding:

N/A

Injury Classification:

A

Injury

As Of:

09-07-2004 01:08:48 PM

View Claim

Submit Claim

Cancel

Exit

Record: 1/1

EDI\_CAI

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

**Work Environment Exceptions**

Employee was member of general public rather than an employee at the time of injury.  
 Injury resulted from non-work related event or exposure occurring outside of the work environment.  
 Injury resulted from voluntary participation in a wellness program or in a medical, fitness, or recreational activity.  
 Injury resulted from employee eating, drinking, or preparing food or drink for personal consumption.  
 Injury resulted from personal grooming, self medication, or is intentionally self-inflicted.  
 Injury resulted from a motor vehicle accident occurring on company premises while commuting to or from work.  
 Injury is the common cold or flu.

**Privacy Case Status:** A Not A Privacy Case

**General Recording Criteria**

Employee is deceased as a result of the incident.  
 Employee suffered days away from work as a result of the incident.  
 Employee's work activity was restricted as a result of the incident.  
 Employee was treated in an emergency room as a result of the incident.  
 Employee was hospitalized overnight as an in-patient.  
 Employee lost consciousness as a result of the incident.  
 Employee was transferred to another job as a result of the incident.

**Preliminary OSHA Recordability**

29 CFR 1960: RECORDABLE  
OSHA 200 Log Coding: 2

29 CFR 1904: NON-RECORDABLE  
OSHA 300 Log Coding: N/A

**Injury Classification:** A Injury As Of: 09-07-2004 01:08:48 PM

**Action Buttons:** View Claim Submit Claim Cancel Exit

EDL\_CAI

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup. Signature

38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Was an on-site investigation conducted?  Yes  No

What was the root cause of this injury?

Last Name: RICHARDSON First Name: BRYAN Middle Name:  

Name of Supervisor: RICHARDSON

Signature of supervisor: \_\_\_\_\_ Date signed: 09-07-2004

Supervisor's Title: SUPERVISOR Supervisor's Email Address: BRYAN.RICHARDSON@CPM Supervisor's Office phone number: (703) 696-1989

39. Filing Instructions

No lost time and no medical expense: Place this form in employee's file.

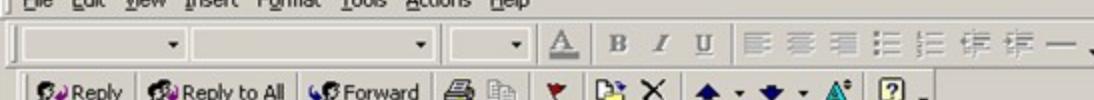
No lost time, medical expenses incurred or expected: forward this form to DPMO.

Lost time covered by leave, LWOP, or COP: forward this form to DPMO.

First Aid Injury

Email Validation: Please re-type your email address here, before you can continue, then press OK.  
BRYAN.RICHARDSON@CPMS.OSD.MIL

**View Claim** **Submit Claim** **Cancel** **Exit**



From: john.sterbenz@cpms.osd.mil  
To: BRYAN.RICHARDSON@cpms.osd.mil; vinod.kambham@cpms.osd.mil  
Cc: sherrel.enix@cpms.osd.mil  
Subject: OSHA Log # 900000042: was submitted for approval on 09-07-04

Sent: Tue 9/7/2004 11:47 AM

This is to notify you that a new workers' compensation claim has been filed. The attachment noted below contains the OSHA 101 and 301 Incident Report captured through the Electronic Data Interchange Process.

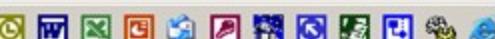
The initial OSHA recordability for this case is show below.

OSHA Recordability - 29CFR 1960 Recordable	2
29CFR 1904 Non-Recordable	N/A

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OSHA101\_3...  
(22KB)



EDI Approval Notification...

OSHA Log # 90000004...



12:20 PM

Adobe Acrobat Professional - [OSHA101\_301.pdf]

File Edit View Document Tools Advanced Window Help

Open Save Print Email Search Create PDF Review & Comment Secure Sign Advanced Editing

Select Text How To..?

91%

OSHA Recordability - 1900 Recordable 2  
1904 Non-Recordable N/A

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1219-0178

## OSHA's Form 301 Injury and Illness Incident Report

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses and the accompanying Summary, these forms help the employer and OSHA develop a picture of the extent and severity of worked-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of the form, you may photocopy and use as many as you need.

**Information about the employee**

1) Full name ACTION TEST  
 2) Street 1303 HOLLY ST  
 City WASHINGTON State DC Zip 20012  
 3) Date of birth 08 / 01 , 1966  
 4) Date hired 01 / 01 , 1982  
 5)  Male  
 Female

**Information about the physician or other Health care professional**

6) Name of physician or other health care professional FERDINAND FRANKELFRITZ 13059 ADIRONDACK HTS ARLINGTON VA 22202  
 7) If treatment was given away from the worksite, where was it given? FERDINAND FRANKELFRITZ  
 Facility 13059 ADIRONDACK HTS  
 Street ARLINGTON State VA Zip 22202  
 8) Was employee treated in an emergency room?  
 Yes  
 No  
 9) Was employee hospitalized overnight as an in-patient?  
 Yes  
 No

**Information about the case**

10) Case number from the Log 900000042  
(Transcribe the case number from the Log after you record the case.)  
 11) Date of injury or illness 09 / 05 , 2004  
 12) Time employee began work 07:00 AM AM / PM  
 13) Time of event 10:15 AM AM / PM  Check if time cannot be determined  
 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."  
 WHILE WALKING INTO THE BUILDING FROM BREAK, I SLIPPED ON THE WET FLOOR. THE CUSTODIAN JUST WASHED THE MARBLE FLOOR AND IT WAS VERY SLIPPERY.  
 15) What happened? Tell us how the injury occurred. Example: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."  
 WHILE WALKING INTO THE BUILDING FROM BREAK, I SLIPPED ON THE WET FLOOR. THE CUSTODIAN JUST WASHED THE MARBLE FLOOR AND IT WAS VERY SLIPPERY.  
 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."  
 FELL ON SAME LEVEL, LEFT FOOT - GREAT TOE SINGLE LEG/HIP/ANKLE/BUTTOCK  
 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.  
 WALKING/WORKING SURFACE (FLOOR, STREET, CURBS, PORCHES)  
 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by BRYAN RICHARDSON  
 Title SUPERVISOR  
 Phone (703) 896-1989 Date 09/07/04

11 x 8.5 in

EDI A... OSHA... Micros... CPMS... Digital Sig... Adob... EN

Start 12:55 PM

# How do we get started?

1. Establish a routing association in SaFER
2. Establish an ‘alias’ email distribution grouping
3. Notify CPMS-ICUC of ‘alias’ email address

# Establish Routing Association

Routing associations currently exist in EDI to notify ICPAs when an injury occurs:

- Uses the Agency CPO code in the injured employee's personnel record
- Matches to the DOL CPO code used by OWCP to correspond with the ICPA office.

EDI\_INITIAL\_SUP

Enter A New U.S. Department of Labor  
Worker's Compensation Claim Form:

Claimant

Social Security Number (SSN):

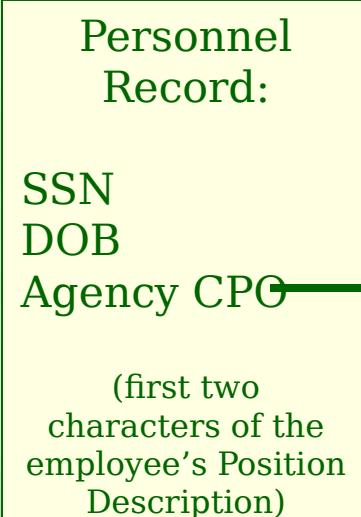
Date of Birth (MM/DD/YYYY):

Claim Form Type

CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay / Compensation

CA-2 Notice of Occupational Disease and Claim for Compensation

**Enter claim** **Exit**  
saf 06/14/2004



EDI ICPA Routing Table		
Agency CCPO Code	DOL CCPO Code	Alias Email Address
01	AE	nan-icpa@usace.army.mil
10	BP	icpa@pba.army.mil
41	QJ	ICPA@mifself.ng.af.mil
42	PD	ICPA@westover.af.mil
4A	SB	icpa@brooks.af.mil
4B	NZ	icpa.hawaii@navy.mil
4C	KF	icpa@nh.navy.mil
4D	QW	icpa@ellsworth.af.mil
4E	LS	icpa@nswc.navy.mil
4F	JN	icpa@ntwc.navy.mil
4G	LR	incomproad@nswcc.navy.mil
4H	JK	bright@gnr.navy.mil
4I	JG	ICPASHRC@nmci-isf.com
4J	JM	icpa@gwmail.usna.edu
4K	QV	ruby.covington@whiteman.af.mil
4L	RZ	altus.icpa@stbus.af.mil
4O	RF	ICPA@beale.af.mil
4Q	SC	icpa@cannon.af.mil
4R	SD	icpa@carroll.af.mil
4U	PL	icpa@charleston.af.mil
4V	RH	ICPA@DM.AF.MIL

# Establish Distribution Grouping

The EDI Tracking System e-mail exchange requires the use of a unique, distribution group email address known as an 'alias email address'. This address is intended only for e-mail generated by the EDI program and the EDI program administrator.

This distribution grouping may contain any SOH personnel deemed appropriate for a particular organization or installation responsible for investigating and abating safety issues.

To establish a distribution grouping email address, contact your local information systems. They have the ability to establish a unique group address, and add individual email address for the entire SOH staff.

# Notify CPMS-ICUC

Once a distribution grouping account has been established for your office, notify ICUC Customer Support of the following:

- Alias e-mail address
- DOL Civilian Personnel Office code - (The ICPA responsible for claims will be able to provide this code to you)

EDI\_INITIAL\_SUP

Enter A New U.S. Department of Labor  
Worker's Compensation Claim Form:

Claimant

Social Security Number (SSN):

Date of Birth (MM/DD/YYYY):

Claim Form Type

CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay / Compensation

CA-2 Notice of Occupational Disease and Claim for Compensation

Enter claim

Exit

saf 06/14/2004

Personnel Record:  
  
SSN  
DOB  
Agency CPO  
  
(first two characters of the employee's Position Description)

EDI ROUTING TABLE			
Agency CPO/Code	DOL CPO/Code	Alias Email Address	Safety Alias Address
01	AE	alan-c.p@usaciv.dol.mil	safety@usaciv.dol.mil
10	BP	bp@dc.dol.mil	safety@dc.dol.mil
41	QJ	ICPA@overseas.dol.mil	safety@overseas.dol.mil
42	PD	ICPA@overseas.dol.mil	safety@overseas.dol.mil
44	BB	icpa@icpa.dol.mil	safety@icpa.dol.mil
48	NZ	icpa@navy.mil	safety@navy.mil
40	KF	icpa@kennedy.mil	safety@kennedy.mil
40	DR	icpa@dcworth.mil	safety@dcworth.mil
46	ZB	icpa@pentagon.mil	safety@pentagon.mil
47	JN	icpa@jewell.mil	safety@jewell.mil
40	LR	icpa@pmw.mil	safety@pmw.mil
49	JK	icpa@pmw.mil	safety@pmw.mil
41	JO	ICPA-SH-RO@msn.com	safety@msn.com
41	JM	icpa@jewell.usgs.edu	safety@usgs.edu
48	QV	icpa@icpa.dol.mil	safety@icpa.dol.mil
41	RZ	icpa@dc.dol.mil	safety@dc.dol.mil
40	RF	ICPA@bureau.dol.mil	safety@bureau.dol.mil
40	BC	icpa@conon.dol.mil	safety@conon.dol.mil
48	ED	icpa@armist.dol.mil	safety@armist.dol.mil
41	PS	icpa@marinton.dol.mil	safety@marinton.dol.mil
48	RH	ICPA@DCM.AF.MIL	safety@DCM.AF.MIL
46	FJ	john.wright@pmw.dol.mil	safety@pmw.dol.mil
46	SE	DiversP@ICPA@icpa.dol.mil	safety@icpa.dol.mil
41	RU	icpa@icpa.hq.dol.mil	safety@icpa.hq.dol.mil
42	QX	31mss.icpa@warren.dol.mil	safety@warren.dol.mil
54	SH	ICPA@goodwill.dol.mil	safety@goodwill.dol.mil
58	GE	ICPA@MISSION.AF.MIL	safety@MISSION.AF.MIL
50	SI	icpa@proteam.dol.mil	safety@proteam.dol.mil